


<p align="center">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p align="center"><i>(use as many sheets as necessary)</i></p>				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor	
				Group Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	CML01170T

[illegible]

Examiner Signature		Date Considered	5/13/05
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English Language Translation is attached.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.